filled in by the fune ould be filled within? TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the buriol-transit permit. Then please remove carban papers. It with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal. retained by the hospital or ottending physician.

113134

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG	NO

1	FOR STATE REGISTRAR		DEPART		IEALTH AND M		REG. NO.		
	ECEASED NAME FIRST		MIDDLE	ı	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	John		T.	Ar	telt :	Jr.	April 8, 1985		
3. SE		4. RACE		5. DATE C		VEAD	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	Whi	te	Sep		1903	81 YRS	MONTHS DAYS	HOURS MIN
7n. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8.	D NEVER M	ADDIED [9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	Pennsylvanniam	U	S.A.	WIDOWE		ORCED :	Queen Anne's	County	MD
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME C		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b KIND C	F BUSINESS OR
	Church Hill /	Marga	ret Thomp	son's	Nursing	g Home	Insurance Ins		
USU 13a	JAL RESIDENCE (IF NURSING HOME STATE 136,00	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CIT	CZTLAALLY	13e. STREET ADDRESS		
		albot	Easton		100	NO 🗌	643 Lomax Stre	et	21601
14. F.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S	MAIDEN NAA		LAS	
	Unknown	MIDDLE	LM31			iknown	WIDDLE	LAS	51
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMAN	IT	ADDRESS	2	1601
	No No	FIVE WAR OR DATES)	160-03-2	456	Robert	C. Tho	ompson, Box 838,		
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	PRAS A CONSEQUER AS A CONSEQUERAT A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A	ENCE OF	NOT RELATED 1		NAL DISEASE OR CONDITION G 200 AUTOPSY? 206. IF YI	IVEN IN PART 100	NGS LISED
RTI					Tax		YES NOV	res 🗌	NO 🗌
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	746111	of injury .m. month d .m.	AY YEAR	21c HOW INJ	ury occurr	ED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION	4	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this has	pital) attended th	ne deceosed from			, 19	, to	, 19,	that (I) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did	not) view the body	ofter death.	or	nd that in (my) (our) opinion d	leoth occurred on the date and ha	ur and from the	couses stated
	22b. SIGNATURE	aufm	- my) .	PH	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
	228. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
	Dr. Kalvin				Ro	ock Hal	1, Maryland 21	661	
23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CE		23d. LOCATION CITY OR TOWN	COUNTVALL	EY STATE
	Burial	04/1	1/85 We	st La	urel Hil			KINW	TO A
24 F	UNERAL DIRECTOR		ADDRESS			250 DA	PERO 1 1 PEGINGS TOSE REGIS	I PARSILIMA	ustandelle
To	om Helfenbein 1	Funeral I	Home. Chu	rch H	ill. MD				

DHMH - 16 50M 1/76 (VR A 15 (4))

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IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather traumatic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

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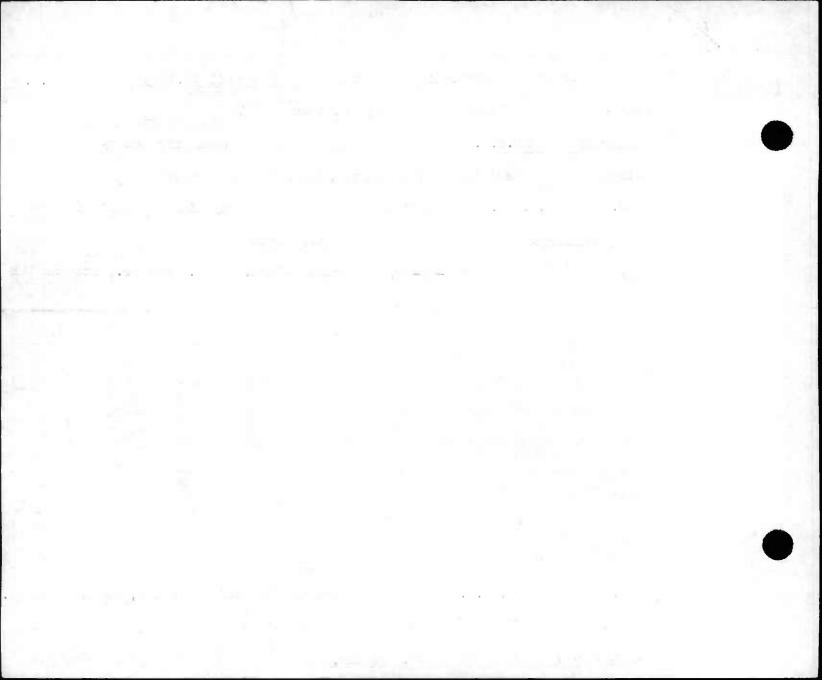
	100 September 200 September 20	
deoth. Po	uneral dir	100
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours office with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. [MPORTANT: If them 21 is marked as them 18 shows any injury, or other traumatic event, the medical exaginer mastree marked along them.	-
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recuted w	d comple	-
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oth certifi	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or tem. 18 shows any injury, or other traumatic event, th	
not the de	by the att ase removal, crematic	
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. The low ician.	nsit permit ygiene prid shows any	
4YSICIAN ding phys	burial-tro Mental Ho ar Item 18	
VDING P	R: After thuse os the lealth and smorked	
OR ATTE	DIRECTOI sched for Dept of H	
TO HOSPITAL OR ATTENDING PHYSICIAN, The Leterined by the hospital or attending physician.	UNERAL Id be dete the State	
TO H	shoul with IMPO	

STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		ENE	REG. NO.				
	CEASED NAME	FIRST	٨	AIDDLE	L	AST		2a DATE OF	DEATH M	ONTH	DAY YEAR	2b. HOUF	?
(1176		race	Baml	berger	Crow	ther	ľ	April	19.19	985		3 A.1	VI. M
3 SEX		1	RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTHO		IF UNDER I YEAR	IF UNDER 2	4 HRS
I	Female		White	9	May		YEAR	78		YRS	MONTHS DAYS	HOURS	MIN.
7a. BIF	THPLACE (STATE OR FOR	REIGN 7	L CITIZEN OF	WHAT COUNTRY?	.8		DIED []	9 BALTIMO	RE CITY OR	-	OF DEATH		
	Maryland		U.S.A.		WIDOWE	D NEVER MAR		Que	en Ann	e Coi	unty		MD.
10. CI	TY OR TOWN OF DEAT	тн 1	11. NAME OF		NG HOME C	R OTHER INSTITU		120 USUAL C		N	126 KIND C	F BUSINES	
1	entreville		Meridia		ng Cen	ter, Cen	trevi	lle	Nurse	VORKING LIF	E) INDUSTRY		
13a S	L RESIDENCE (IF NURSIN TATE Md.	13P CONN.		Stevens	/N				City		21666		
1	THER'S NAME FIRST Harry Bamb		IDDLE	LAST		15 MOTHER'S MA FIRST Mary	Wyatt		WIDDLE		LAS	T	
16a W	AS DECEASED EVER II	N U.S. ARA	AED FORCES?	16b SOCIAL SECL	JRITY NO.	17 INFORMANT			ADDRES	S p	MD 216	66	
(Y	es, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	180-09-9	879	Isabel 7	Colson	, 105	N. La			vensv	rille
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one couse per) BY: CAUSE			phali	ıs					MATE INTERVONSET AND D	DEATH
	Conditions, if any, gave rise to imme	which	DUE TO, OF	R AS A GONSEQUI	ENCE OF	D					Rem	notes	
	cause (a), stoting underlying couse		DUE TO, OF	R AS A CONSEQUI	ence of								
NO	PART 2 OTHER SIGN	IFICANT CO	onditions <u>cc</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIT	NAL DISEASE	OR CONDI	TION GIV	EN IN PART 10		
CERTIFICATION	19a DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTO	PSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH	1?
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NAT	TURE OF INJURY	IN ITEM 18, P	ART I OR PART 2)		
MEDICAL	21d INJURY OCCURRE	4.0	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.}	231 LOCATION STREET			CITY OR TOWN		COUNTY	STA	TE
	22a.1 certify that (I) (saw the decease above (I) yet (di	d olive on_	Mar	. Z8 19 5		id that in (my) (aur	9.12) apinion di	eoth occurred	d an the date	ond hou	r and from the		,
	22h. SIGNATURE	ye	£	Lile		PHY:	NDING SICIAN	MEDICAL DIRECTOR [STAFF	N 🗌		19-8	-
	22d. PHYSICIAN'S NA				V	22e ADDRESS					2163		
	Dr. Ralph									ter.	Grason	ville	e Md
(S	URIAL, CREMATION, R	REMOVAL	23b. DATE 4-10-0			EMETERY OR CREA			RTOWN	Pr	COUNTY	STAT	E
erio.	NERAL DIRECTOR		1 17-8		DAR H	ILL CREMA	25g DATE	BUTL REC'D. BY RE	-HW D EGISTRAR 125	h REGIST	RAR'S SIGNAT	IIRE	2,
	M HELFENE	BEIN	FUNERA	AL HOME	Ches	ter. MD	AP	R29	1985	FEIL	Lavidson	Pandel	10.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL F	EXAMINI	ER'S CERT	IFICATE O	E DEATH

REG.	NO.		

- 1	STATE REGISTRAR	MEI	DICAL EXAMIN	NER'S CERT	IFICATE OF	DEATH	REG.	NO.		
	Charles	Co	rkran	Merc]	hant	OF	E KNOWN ESTI- H MATED		DAY YEAR . 27, 1985	3:30
a BII	Male White	5. DATE OF BIRTH MONTH DAY 1 12 76. CITIZEN OF WH	1 AT COUNTRY?	rrs.		PRONO DE.	IMORE CIT	Y OR COUN	1 27 19 85 TY OF DEATH	20.11001
D. CI	Maryland Y OR TOWN OF DEATH	11. NAME OF HOS	SA PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	WIDOWED L	STITUTION 12	FOR MOST OF W	UPATION (12b. KIND OF B	Li'd
SUA la. SI	THER'S NAME	OR OTHER INSTITUTION, GIV	, Box 56 PERESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Centrevi LAST	lle 13d. IN	SIDE CITY LIMITS? 13		RESS	e Ave	State F	oads
ia. W	AS DECEASED EVER IN U.S. AR	Edward MED FORCES? WAR OR DATES)	Merchan 166. SOCIAL SECURI 219-01-85	TY NO. 17. IN	Anna FORMANT Da s. Joseph	ughter	ADDRE	SS R.D.	Lynch 1, Box	e. Mo
		/ DUE TO OR	AS A CONSEQUENCE	05						
z	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	as a consequence	OF	NDITION GIVEN IN PART 1	(a).				
IFICATION	gave rise to immediate cause (a) stating the <u>under-lying cause last.</u>	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	as a consequence	OF		(0).			20. AUTOPS:	
CAL CERTIFICATION	gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(b) DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. P.M.	AS A CONSEQUENCE BUT NOT RELATED TO THE TER TION FOR WHICH OPE INJURY . MONTH DAY YEA	OF MINAL DISEASE OR COL RATION WAS PEI 21c. HOW IN	RFORMED?		FINJURY IN ITEM	N 18 PART I OR PA	YES 🗆	Y? NO X
MEDICAL CERTIFICATION	gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR	(b) DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M DEATH 21e PLACEC	AS A CONSEQUENCE BUT NOT RELATED TO THE TER TON FOR WHICH OPE INJURY . MONTH DAY YEA	OF MINAL DISEASE OR (O) RATION WAS PEI	RFORMED?				YES 🗆	
	gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I tack charged death resulted from: Nature Countries of the contribution	(b) DUE TO, OR (c) 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e PLACEC STREET, FACT ge of the remains design causes	AS A CONSEQUENCE BUT NOT RELATED TO THE TER TON FOR WHICH OPE INJURY MONTH DAY YEA 19 OF INJURY (AT HOME, ORY, FARM, ETC.)	OF MINAL DISEASE OR COL RATION WAS PEI 21c. HOW IN 21f. LOCATIC STREET Autopsy Luicide	JURY OCCURRED IN Inspection [Idamicide]	ENTER NATURE OF	TOWN ry X, manner AMINER	and in my o	YES DUNTY	NO Ж

ELIE WITHIN TO HEET OR THE UNERAL DIRECTOR PAGE 5 FOR YOUR FILES.

FILE WITHIN 72 HOURS. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIM TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN FENCE, IN ITEM 18, DAGES 4 SHOULD BE FORWARDED TO THE CHEE MEDICAL EXAMINER ALGUIG, WIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED 85. A BURIAL TRANSIT PREMIT, PAGE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION OR REMOVAL.

(VR A15 ME (5)) 15M 7/76

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

						42	FICATE OF DE		REG	NU.		
4		CEASED NAME	FIRST		WIDDLE	1	LAST	20.0	20. DATE OF DEATH	HTMOM H	DAY YEA	R 2b. HOL
1	TITPE		Dellia				Peet			4-8	8-85	1:2
	3. SE			4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS D	EAR IF UNDER
	f	emale		Negro		9.3	-	1906	79	YRS		
20	70. BI	RTHPLACE (STATE O	RFOREIGN		WHAT COUNT	RY? 8.	D NEVER MA		9. BALTIMORE CIT	Y OR COUN	TY OF DEAT	Н
10		rth Carol	ina	USA		WIDOWE		ORCED [Quee	en Ann	e's Co	unty
W.	10. CI	TY OR TOWN OF DI	EATH		HOSPITAL, NUI		OR OTHER INSTIT	TUTION	12a. USUAL OCCUP			ID OF BUSINE
0		ntreville		Meridia	n Nursi	ing Cent	ter-Cors	ica Hi	lls			
26	USU. 13a. S	AL RESIDENCE (IF NO	13h COU	ROTHER INSTITUTION	13t. CITY OR T	EFORE ADMISSION)	134. INSIDE CIT	Y LIMITS?	13e. STREET ADDRES	ss .	1	5///
9		MID	LOA			nsville	YES - 1	NO 🗹	Lotts	Ral.	- Andrew	166
11	4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S /	MAIDEN NAM	NE MIDDI	E		LAST
1/	1	HAWW	ARA	WE	Adou	25	Lea	they	MEAD	ours		
00		VAS DECEASED EVE		RMED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMAN	11 2	AD	DRESS		
4		100					11/281	E 12	redley	101	ts Pd	Steve
		II CAUSE OF DEA	TH (Enter o	nly one couse pe	r line for (a), (b)) and (cl.)	0	2	1		BETW	PROXIMATE INTEL
		PART I. DE ATH		D BY:			11	W-			1/2	- (10
vent		TAKI I. DEAITI		TE CAUSE (a)			1 1 '					91/
hic event,		PARTI. DEATH		TE CAUSE (a)								1
			IMMEDIA	TE CAUSE (a)	OR AS A CONSE	EQUENCE OF						7
		Canditions, if on	IMMEDIA	TE CAUSE (a)	DR AS A CONSE	EQUENCE OF						7
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other troumotic		Canditions, if on gove rise to in cause (a), stot underlying cou	IMMEDIA ry, which nmediate ting the se last.	DUE TO, C DUE TO, C DUE TO, C (c)	DR AS A CONSE	EQUENCE OF						7/>
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	TION	Canditions, if on gove rise to it cause (a), stolunderlying cou	IMMEDIA iy, which mmediate ting the see last.	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO	OR AS A CONSE	TO DEATH BUT					Color	
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	RTIFICATION	Canditions, if on gove rise to it cause (a), stoll underlying could part 2 OTHER SIG	immediate ling the se last.	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND	OR AS A CONSE	TO DEATH BUT	DN WAS PERFOR	MED	200 AUTOPSY?	20b. IF Y	YES, WERE FIN TIFYING CAU YES	NDINGS USEI ISES OF DEAT
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29		Canditions, if on gove rise to ir cause (a), stol underlying cou underlying country in the control of the contr	IMMEDIA In which mediate thing the se last. GNIFICANT ATION INDERLYING [] CAUSE OF DE DICAL EXAMINE RRED WHILE	DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND 21b. TIME CO HOUR ARRY 21c. PLACE (AT HOME ST	OR AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC)	211. LOCATION STREET and that in (my) (a) DEGREE	MED URY OCCURRI	YES NO CITY O	20b. IF Y IN CER	YES, WERE FINITIFYING CAU YES 18 PART I OR PART COUNTY	NDINGS USEISES OF DEAT NO [
29		Canditions, if on gove rise to it cause (a), stoll underlying couper to the couper to the cause of the cause (a), stoll underlying couper to the cause of the cau	IMMEDIA Iny, which mediate the selection of the selectio	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND ATH P 21b. TIME CO HOUR A P 21c. PLACE (AT HOME ST ital) attended to	OR AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC)	211. LOCATION STREET DEGREE AT Ph	MED URY OCCURRI , 19 XO out opinion d TENDING HYSICIAN	20e AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF Y IN CER	YES, WERE FINITIFYING CAU YES 18 PART I OR PART COUNTY	NDINGS USEISES OF DEAT NO [
79		Canditions, if on gove rise to ir cause (a), stol underlying cou underlying country in the control of the contr	IMMEDIA Iny, which mediate the selection of the selectio	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND ATH P 21b. TIME CO HOUR A P 21c. PLACE (AT HOME ST ital) attended to	OR AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC)	211. LOCATION STREET 211. LOCATION STREET DEGREE AT PH 22e. ADDRESS	MED URY OCCURRI , 19 80 opinion d TENDING HYSICIAN	200 AUTOPSY? YES NO CITY O CITY O eath accurred on the DIRECTOR PHY	206. IF Y IN CER INJURY IN ITEM I R TOWN e date and h	YES, WERE FIT TIFYING CAL YES 18 PART I OR PART COUNTY	NDINGS USEISES OF DEAT NO [
29		Canditions, if on gove rise to it cause (a), stoll underlying couper to the couper to the cause of the cause (a), stoll underlying couper to the cause of the cau	IMMEDIA Iny, which mediate the selection of the selectio	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND ATH P 21b. TIME CO HOUR A P 21c. PLACE (AT HOME ST ital) attended to	OR AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) Om	211. LOCATION STREET 211. LOCATION STREET DEGREE AT PH 22e. ADDRESS	MED URY OCCURRI	20e AUTOPSY? YES NO ED (ENTER NATURE OF I	20b. IF Y IN CER	YES, WERE FIT TIFYING CAL YES 18 PART I OR PART COUNTY	NDINGS USEISES OF DEAT NO [
29	MEDICAL 230. E	Canditions, if on gove rise to it cause (a), stoll underlying couper to the couper to the cause of the cause (a), stoll underlying couper to the cause of the cau	IMMEDIA Iny, which mediate hing the see last. GNIFICANT ATION INDERLYING [] CAUSE OF DE DICAL EXAMINE RRED WHILE I) this hosp seed olive of Iddia in the property of	DUE TO, CO DUE TO, CO CONDITIONS CO 19b. COND 19b. COND 21b. TIME CO HOUR A AR) 21e PLACE (AT HOME: ST DI) view the body	OR AS A CONSE	TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) Om	211. LOCATION STREET 211. LOCATION STREET DEGREE AT PH 22e. ADDRESS	MED URY OCCURRI	200 AUTOPSY? YES NO CITY O CITY O eath accurred on the DIRECTOR PHY	20b. IF Y IN CER IN JURY IN ITEM I R TOWN A date and h STAFF STICIAN	YES, WERE FIT TIFYING CAL YES 18 PART I OR PART COUNTY	NDINGS USEISES OF DEAT NO [

Edwy Alphania Carlo - Marine 12 78-81-4 - Er

PORTANT.

DHMH - 16 50M 4/83

(VRA 15, 4)

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	

1	FOR STATE REGISTRAR			DEPARTI		ALTH AND MENTS			G. NO.			
	CEASED NAME E OR PRINT)	JOSE	PH RUSS	SELL R	AMSEY)	April		1985	YEAR	26 HOUR A 9:30 M
3. SE	x male		white		S. DATE OF Aug	BIRTH 6, 1921 €	AR	6. AGE (IN YEARS LA		MONTHS		IF UNDER 24 HRS HOURS MIN.
D	RTHPLACE (STATE OF		76. CITIZEN OF W		MARRIED WIDOWED		DXX	9. BALTIMORE CI Queen	TY <u>OR</u> CO	UNTY OF D	EATH ₂ :	1620 MD.
USU 130.	STETTOWN OF DE STETTOWN AL RESIDENCE (IF NUI	n (RF	D) Queer OTHER INSTITUTION G	FACILITY, GIVE STREET Anne IVE RESIDENCE BEFORE 13c. CITY OR TOW	CO. A	21620 3d INSIDE CITY LIA		Machin 136 STREET ADDR	ist ESS / ZIP	(West	ingl 21	house) 122
)4, F.	aryland ATHER'S NAME Joseph WAS DECEASED EVE		amsey	(Sr.)		S. MOTHER'S MAIL Elizab	EN NAM	Danley	yda .	Ches	LAS1	town, M
Y	YES, NO OR UNKNOWN)		E WAR OR DATES	221 14			Rar	nsey (S			216	
	Canditions, if an gave rise to in cause (a), stat underlying cause	WAS CAUSE IMMEDIAT y, which nmediote ing the	D BY: E CAUSE (a) DUE TO, OR (b)	AS A CONSEQUI	ence of o My	Heart	70	cilere			3-6 3-5	years
NOI	PART 2. OTHER SIC		ONDITIONS CO	NTRIBUTING TO I	DEATH BUT N	OF RELATED TO TH	IE TERMI	NAL DISEASE OR	CONDITIO	N GIVEN IN	PART Iro	,
CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOPSY?	INC	IF YES, WER ERTIFYING YES []		IGS USED OF DEATH? NO
CER	210. ACCIDENT WAS UP] 21b. TIME OF	INJURY MONTH D	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE O	F INJURY IN ITE	M IB PART 1 OF	R PART 2)	

P.M 19 21e. PLACE OF INJURY 21f. LOCATION

MEDICAL NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on March 27 above, (I) (see) (did) (did not) view the bady after death and that in (my) (euc) opinion death occurred on the date and hour and from the causes stated

174 DATE SIGNED 4/23/85 DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

22e. ADDRESS

21d. INJURY OCCURRED

Charles P. Adamo

Chestertown, Md.

CITY OR TOWN

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial CITY OR TOWN

Crumpton, Md. 27/85 Crumpton Cemetery 25c. DATE REC'D. BY REGISTRAR 25b.

AT HOME STREET ACTORY, OFFICE, FARM ETC |

Chestertown, Md. APR 29

COUNTY

STATE

STATE

July par R. Managay (etc.) Administration through and the control of th THE ACCOUNT OF THE BOOK OF THE 245 1 3-7 - Explicate personal Co The second second A. A. P. S. S. S. S. Sandan Francisco